

## THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:  
Seiji TANAKA et al.  
Serial No. 10/747,878  
Confirmation No: 2800  
Filed: December 29, 2003  
For: PRINTING APPARATUS

Art Unit: 2854  
Examiner: Chau, Minh H.

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:  
Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450, on  
November 22, 2005  
Date of Deposit  
Juanita Soberanis  
Name *Juanita Soberanis* 11/22/2005  
Signature Date

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith in the above-identified application are the following items:

Amendment.  
 Return Postcard.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	26	-	30 **	0	LG=\$50 SM=\$25	\$50	\$ 0
INDEPENDENT CLAIMS FEE	6	-	3 ***	3	LG=\$200 SM=\$100	\$200	\$ 600
FIRST PRÉSENTATION OF MULTIPLE DEPENDENT CLAIMS						LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180	\$ 0
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)						\$250 FOR EACH ADDITIONAL 50 SHEETS	\$ 0
Independent Claims: 1, 7, 12, 19, 20 and 23						<b>TOTAL</b>	\$ 600

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

A check in the amount of \$\_\_\_\_ to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**

A check in the amount of \$\_\_\_\_ to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**

The Commissioner is hereby authorized to charge \$600 to cover the additional claims fee to Deposit Account No. 50-1314. The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**

Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims

Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,  
HOGAN & HARTSON L.L.P.

By:

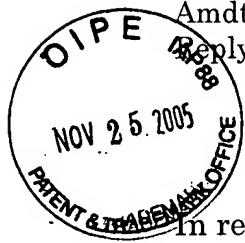
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Date: November 22, 2005

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Appl. No. 10/747,878  
Amdt. dated November 22, 2005  
Reply to Office Action of September 22, 2005

Atty. Ref. 81752.0151  
Customer No. 26021



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Juanita Soberanis

Name

 11/22/2005

Signature

Date

**AMENDMENT UNDER 37 CFR 1.116**

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Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the final Office Action dated September 22, 2005, please amend this application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 9 of this paper.

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